

>> Welcome to the webinar hidden aspects using size to reduce stress and increase the well-being of Correctional Officers fit my name is Jen and I will be in background answering WebEx technical questions. If you experience technical difficulties with the WebEx session, you may also contact WebEx technical support at 1-866-779-3239. Please note as an attendee you are part of a larger audience today. However, due to privacy rights, we have chosen not to display the list of member of attendees on the call. All attendees will be endless and only mode and as a reminder today's call is being recorded. We will hold a Q&A session at the conclusion of the presentation. You may ask an online question anytime throughout by clicking on the Q&A panel located in the lower right corner of your screen. Type your questions into the text field and hit send. Keep your drop-down option is all panelists. I would like to introduce your moderator for today, Scott. Please go ahead

This is Scott from NIC and I would like to welcome you to NOIC virtual conference on staff wellness. During the session Dr. Laurie Leitch in Ann Jacobs will present on using no sizes there signs to increase the well-being of Correctional Officers. I would like to turn it over to presenters to make a presentation.

Hello, everybody. I am Ann Jacobs director of the prisoner reentry Institute at John Jay College of criminal Justice. I am delighted to be able to join you in this forum. The topic today is so incredibly important what we are letting is that corrections officers work under tremendous stress at considerable cost to their health and well-being. All of these concerns are beginning to get the attention that they want. A 2013 Department of Justice of JB diagnostic center publication identified 4 categories of stressors for Correctional Officers. Inmate related, which ranges from the threat of violence and injury, innate mental illness, substance abuse, occupational stressors that include working in a closed environment, night shifts, revolving shifts, physical demands of the job, organizational stressors like understaffing, poor management, lack of resources and psychological stressors, fear, work, family conflict, media scrutiny. The list go on.

We know the impact of stress on Correctional Officers is mammoth. The constant stress is harmful for the mental and physical health of Correctional Officers and resultant burnout, can result in substance abuse, as we heard in the last workshops, it can increase the risk of suicide exponentially. It can result in family conflict and voice and it results in early mortality. The average lifespan of 59 years is 16 years less than the national average. We know that there are additional stressors on supervisory and managerial staff and as we learn and pay attention to on female officers.

This is not just costly for the individuals and for the families of Correctional Officers, it is costly for correctional agencies and correct the -- correctional systems as well. They are too pervasive, low morale, and job satisfaction, burnout, absenteeism, we see it in result in impaired decision-making and escalation of conflict and increased use of force.

But there is -- we are also learning through discoveries and neuroscience that in fact stress, distress, and trauma can be addressed by employing techniques that are grounded in neuroscience to increase our resilience. The self-regulation skills can be readily learned and appropriately practiced at work as well as in our personal lives. I am going to turn it over to my colleague, Dr. Laurie Leitch, who will talk about this in much more depth. It is her life's work. I can tell you that as a practitioner who has worked in corrections for my adult life, that it has been transformational leap for me to learn that stress, distress and trauma disrupt our nervous system and that they are things that can be addressed and that we can manage our own reactions and increase our resilience and that this form of self-care can be -- that Lori will talk about can be shared through networks of peers and does not require being in a therapeutic or clinical relationship with someone and it does not require that you talk about information that you would like to keep personal. You don't have to reveal the source of your trauma or your upset to be able to be

supported and moving through the stress and back into resiliency. With that, Lori, I would like for you to tell us about the Social Resiliency Model.

Thank you, and. I'm so glad to be a part of the important conversation. Grateful to all of you for tuning in. There is so much that we can all learn from each other and as an COE said, she is the -- used the term stress and trauma. As I've worked with vulnerable populations, I recognize that for some people the word trauma is so provocative that they shut down the minute you use it so I have learned to say stress the stress and trauma as if it is all one word because almost anyone can locate themselves on that continuum. I would guess there is nobody among us that would say we have not experienced the impact of stress. So I will be talking with you about the neuroscience foundation that underlies the Social Resiliency Model. You can see from the slides we have used it extensively with military and veterans in countries affected by natural disasters like Haiti in China and in July I will be in a ball for 2 weeks using it they are. And we have a project -- Nepal for 2 weeks where I will use it for. In Rolando, about reentry into the community 20 years after that genocide. That project is linked with the California Department of Corrections and rehabilitation that are interested in a model we are calling the peace builder model that helps build resilience across populations that have previously been divided at different -- differences at various times

I'm going to talk about what neuroscience model can contribute to correction officer wellness with focus on how do we build resilience as a way of decreasing the activity knowing that our human nervous system is wired to respond to perceived -- the word they are to highlight is perceived threat and fear. It doesn't matter whether anyone else and I -- in anyone else's eyes it's a threat or fear. Anyone prints -- perceived anything is threatening and tearful our body will respond as if it is true. The neuroscience-based model highlights the importance of intervening at the sensory level rather than at the emotional or cognitive level. Not that we don't take into consideration emotions and cognition but we do, they are secondary in this model which is I think one of the reasons why we have been able to take it into populations that are less interested in insight and more interested in functioning and restoring the functioning that makes them a valued member of their community. Also in neuroscience waste models, we can learn how to access the input that memory system or the memory system that lies below our level of consciousness. I'd like to tell students that the conscious mind is like the tip of the iceberg in a sense, all we work with, we are losing a huge amount of information and capacity to restore resilience, so our model focuses on what we call bottom of processing meeting that -- bottom-up processing which we start with the brains them where the differences responses are wired. The title of our talk, hidden assets involve that concept because neural plasticity doesn't show -- neuroplasticity doesn't show even though the weight learned, our brains can be trained in the way we trained brains is through attention, through what we pay attention to. So whatever it is that we are paying attention to is what generates what we call neurogenesis, the growth of neuronal connections. Neuroplasticity strengthens circuitry in the brain and illuminates other so what we don't a patent to do, eventually it gets eliminated or at least weekend dramatically and what we play attentive to gets strengthened. It has a lot of relevance for any of us because if what you pay attention to is the negative things, that is what you are wiring in in orientation to that in a much more high likelihood of reactivity. But when we can train people in a self-directed attention practice, which on our model is not medication, we can build hardiness and rewire the brain.

In corrections, we use neural education which is one way of promoting dignity. It is very interesting that I sat and -- I've asked questions, isn't this jargon, they use the word neuroplasticity or even the use of the word of the two-part Autonomic Nervous System, the sympathetic and parasympathetic, do really need to learn those words? I say yes. Regardless of whether we are working with a population like in Haiti for the literacy -- where the literacy rate is low, 70% illiteracy rate or whether we're working with highly educated people in a hospital system or something like that, having an understanding of the foundation of neuroscience that underlies the skills that people are learning for most dignity and also promotes their motivation to practice the skill. What we know is that by

working to help restore people's hardiness is that we can enhance their immune function. What and was saying about physical health -- health problems that characterize a stress filled life, we can actually intervene in that process to develop a much harder individual through this notion of neuroplasticity. Our skills we have spent a long time fine-tuning so that they can be used peer-to-peer as well as by clinicians. We had 8 skills. When we teach the peer-to-peer version we teach the first 6 and I'm going to go over all 8 skills today on our conversation.

In terms of corrections, it is also the skills that are compatible with the focus on control. Because they really do give people the capacity to anticipate what is going to stress them out and something tangible and practical that they can do to manage it in advance or deal with it when it is coming up. One of the bodies of research that is very exciting now that came out of neuroscience is the notion of a subconscious Appraisal System and that one we appraise any event, even below our level of consciousness, if the appraise is threatening and combined with a sense of helplessness that the fences get activated and we can either launch ourselves into a wider or flight response or in more extreme versions, into freeze. What the research has shown is that when people believe they have sufficient resources to cope with stressors, they experience a challenge response rather than a threat response. It makes a world of difference because the neurochemicals released in the body when something is challenged, it's different and not toxic in the way that the chemicals released when there is a threat response.

So let's look at these quotes on attention here is one by Alexandra Horvitz, attention is intentional, unapologetic discriminator that at what is relevant right now and gears us up to notice only that. So the implication is that if your system is locked into a process of threat and fear, what is to notice is what of his -- what is threatening and grading fear for you. William James, my experience is what I agreed to attend to. Only what I notice shapes my mind. So we had control over what we notice. We can't control that. And then one of my favorites is one of pick pocket walks down the street all he notices our pockets. So important for us to realize that we now have this whole body of attention research that shows that what we pay attention to is what we wire in. For good or bad. And we tend to have this intentional bias or perceived emotionally negative information for one reason it is a survival mechanism. If you are a wildebeest on the African savanna -- Sahara and you are feeling the sun on your back and delicious taste of the grass you are eating, you are likely to be eaten by lions. So we are programmed in wired and primed to be constantly touting our environment -- scouting our environment for novelty and novelty that is potentially threatening. As primates, we had this same wiring. It affects our interpersonal relationships. We can -- a projection to danger or threat where it isn't there or the opposite, we can perceive someone is safely is not. This can also affect our cognitive reaction. Whether we -- what kind of beliefs went of happening about ourselves and other people. The world isn't a safe place to leave or nobody really cares about me. Those kinds of negative cognitions come from a hyper active attentional bias. It's this kind of bias for negative information is associated with accelerated brain aging and cognitive decline. So that there are studies now out on [indiscernible] which are plastic caps at the end of your shoelace in the 2 mm -- [indiscernible] protect our chromosomes and over the lifespan they begin to deteriorate. What they found in that is called aging that what they found is in caregivers and service providers, particularly in-home caregivers who are caring for vulnerable family members, that even in their 30s when they assess the quality of [indiscernible] that they see premature rain aging and cognitive decline. There are lots of reason for us to begin intervening, both our own self-care and also to offer skills in becoming harder to other people that we care about and that we work with.

This emotionally negative information process is also associated with reduced cardiovascular efficiency and vasoconstriction so you can see in the graphic, I hope it is clear on your screen, that in the upper circle is the constricted artery that does not have as much efficiency in pumping blood and oxygen through the heart. Compared to the one on the bottom which is much healthier.

Here is Pavlov. He was going to talk about self-regulation in the way we can consider today but he talks about our system is self-regulatory in the highest degree. Self-maintaining, repairing, readjusting, and even improving. The chief, strongest, and ever present impression is that nothing remains stationary and unyielding. Everything can always be attained, all could be changed for the better. These are my heart -- these are my highlights, where only the appropriate conditions are realized. This last phase appropriate conditions is realized is the crux of my work. Which is how do we create individuals in the systems they live and work in the appropriate conditions for this highest level of capacity for adaptability and flexibility.

Especially recognizing we have both an old brain and a new brain. We have inherited our old brain, a new brain sits on top of it but then the old brain takes over when the going gets rough. It automatically overrides the new reign -- brain meeting we get cognitive impairment when things get tough and we are filled with stress chemicals. Particularly the part of the cortex that is responsible for introspection and problem solving. Those are examples of where things can go off-line. It has implications for those of us who work with cognitive approaches, sometimes we have to do something else first in order to settle the nervous system down so that it can receive the benefit of cognitive approaches. Defensive response impairs the analytic thinking and is actually a survival strategy. If something is happening in happening fast if you stop to think, I could do this and that, most likely you are going to be overtaken and so we are wired for what we call the fast system of thinking in addition to the slower, more responses system which I will talk about in a bit.

Let's look at a little graphic that we have taken all over the world. We have drawn it in the dirt, chalkboards, and the air with our finger. This concept comes originally, we've adapted it from Dan Siegel's work which he calls the zone of tolerance and uses it differently than we do. In the resilience zone, we have the best capacity for flexibility and adaptability. We can make decisions in a responsive way rather than a reactive way. These 2, sympathetic charge, the activating part of our Autonomic Nervous System and parasympathetic release exists in a wonderful and relaxed balance in all be below our level of consciousness when we see a friend or be smell our coffee, we get that sympathetic charge and then there is a corresponding parasympathetic release and as long as that rhythm takes place from inside the Resilient Zone, we can respond what life is doling out rather than react to it. And that means even from inside the zone, you can be angry or sad, but you are dashed to the extent that you can still use your cortex to problem solve and strategize on your own behalf. What can also happen, though, is that a dramatic event or trigger happens that nice smooth rhythm is disrupted and replaced by something that can either swipe out above the line and we call it stuck on high or hyper arousal and that is the fuel of the things that characterize the hyperactivity, hypervigilance, mania, anxiety, panic, irritability, rage and also pain. Or you can below the line, we see stuck on low a hypo arousal associated with things like depression, this connection, as Josten, fatigue, numbness. And many people because we are balanced, when we are bumped out in one extreme, let's say hyper arousal at some point you're going to be bumped out a low end as your system tries to get balanced and when we see the pattern of high and low we often diagnose people with bipolar disorder who may really be suffering from the impact of stress and stress or trauma in which case, not that bipolar disorder isn't a legitimate diagnosis, but if you are -- your pattern is that kind of pattern because of trauma you don't need to be taking medication for bipolar disorder. Same with kids, who bumped up and down like that we call them hyperactive and then they are medicated for hyperactive problems when they don't need that. They really need some way of dealing with their stress or trauma.

So this whole orientation to biology or more specifically neurobiology versus pathology has a huge benefit for people. One of the things that's reasons why we have been able to use it successfully with active military and veterans is because it has helped normalize an array of symptoms that are troubling and frightening to people. When they understand that this is simply the way the body is wired to respond in situations of threat and fear or perceived threat and fear, instead they don't think they have the character always go problem or some weakness. And when people learn that

they can manage their nervous system activation, it is very exciting and life-affirming and helpful. By reframing symptoms from pathology to biology, it goes a long way in terms of motivating people to take charge of some of these things in ways that are simple to do. It also in our model, we pay attention to non-traumatic sensations in the body. Lots of vulnerable people living outside of their body, they are living from the heads up. Partly because it's troublesome inside the body. There is pain and unexpected things happening, flashbacks, panic, so we start out working with people around sensations that are neutral or positive, it starts to reach a curiosity in the body that helps people feel like they can start paying attention at the level they need to be able to in order to manage some of these things. So that's the human nervous system. The auto moderate -- Autonomic Nervous System is a read. There are 2 branches. This is sympathetic, which is like being a celebrator on the car and parasympathetic which is like the brakes. And those systems you will see why it is we pay so much attention to them in a minute.

For example, the auto moderate -- Autonomic Nervous System influences every organ in the body. And it does that mostly through our level of consciousness. Autonomic Nervous System activity is a key way our system response to sensory input from the environment and can happen so quickly. We can train our attention and help other people train their attention so that they can track the Autonomic Nervous System and begin to regulate it.

So here is a nice graphic from Wikipedia that shows the balance between the parasympathetic and the sympathetic. 11 increases, the other decreases. Let's go down the right side of the chart because what it shows and emphasizes that you can see for example an accelerated heartbeat with sympathetic at the basin. People have a arrhythmia and all kinds of things at the heart level. It dilates the Bronchë and that means we see asthma in people. Then we can go down further to the stomach, there's no surprise we see a lot of G.I. problems with people, including eventually immune disorders like irritable bowel syndrome, that sort of thing. All the way down at the bottom, the inhibiting a bladder contractions. That is why we see kids wet the bed. We also see people who are -- have a highly elevated heart rate, we see them lose control of the bladder and eventually the bowel as well. The relationship between the sympathetic and parasympathetic is the focus of our skills and what we are always looking for is how can we bring the sympathetic and the parasympathetic into the Resilient Zone in the way where they contribute to each other in ways that allow us to be our best selves.

Arousal is what activates the sympathetic nervous system. When it is inside our Resilient Zone, it's [indiscernible] vitality. Outside, all candidates, physical, emotional, cognitive, spiritual behavioral responses occurs in shapes perceptions of relationships. One we take this into prisons, for example, and we work with inmates or with corrections officers, having information like this can begin to develop this curiosity and hope that something different could happen. And one of the things we often talk about is this Amygdala that Oprah Winfrey talks about, it becomes common knowledge what it does and how it is related to arousal. They take the simple version which is [indiscernible] that smoke detector of the body. It can be mis-calibrated from the level of dramatic activation that people have experienced where even small or neutral cues have been coupled with triggers and can set back and off the ways that are not useful or that it is too blunted so that when you need to be signaled that something is dangerous, it's not going off properly for you.

Let's look at this in terms of correction officer over arousal. This leads to a sense of armoring. We see this in hospital systems where people are immersed in high stress environment, working with some kind of client base, including inmates and it can lead to the sense of armoring where your heart gets harder and harder as a way of protecting yourself from the load of stress you're carrying and in the case of jails and prisons, the fear that can also be happening. And because of our network of neurons, where we respond to another person, that emotional over arousal can spread across work teams and groups of people. It can lead to secondary traumatization and burnout and also lead to a contagion that can be -- show up as aggressive behavior, cruelty, so knowing our

smoke detector dirt Amygdala is designed for survival and can become hyper vigilant, we want to be able to manage its tendency towards negativity and very specific ways. So the Social Resiliency Model is an intentional practice, every skill relies on the quality of focused attention and as I said in the beginning, it is not meditation. A lot of people we work with would like to meditate but have not been able to because they either have flashbacks or they associate -- they associate during meditation and once they learn how to self-regulate them they can benefit from that meditation but others don't want to pick so this is an intentional practice that can go on not on a cushion, they are very practical skills. And we know that attention is a trainable skill and by managing our attention we managed arousal at which means it will be less activation in the Amygdala meaning that we inhibit it because healthy brain is the brain that inhibits stimulation. We have a greater capacity when we can do that for healthier social engagement so and so mentioned one of the challenges with correction officers is and what -- family relationships. These are the things that we offer 2 seals and also to family members and if they practice the skills, we can begin to wire in hardiness, a greater hardiness for dealing with life stressors.

Here are the 8 core skills of our models. I am going to go through each one briefly get the first 6 are the nonclinical or peer to peer or self-peer skills in the last 2 are working through dramatic events and used by clinicians.

Sensory tracking is paying attention to sensations that are observable if you're working with another person or that you notice inside your body first and foremost every other skill relies on sensory tracking. It is a quality and attention into inside sensory experience in helping people have the curiosity that I mentioned. Grounding and resourcing are 2 of the skills that we use to build the strength of the parasympathetic sensation in the nervous system. Grounding is a very old skill and has been used for centuries. What it is is paying attention to some kind of contact with a stable surface. We usually start with the feet and help people sense into the contact of the support of the ground under their feet and then we moved to the back of people -- if they are in chairs, they can do grounding line down on a mattress. There are some people who have difficulty grounding through their seat -- beat because it is associated with racing. Active military and veterans to brace during an IED attack or those who have been taking off in a car crash can be triggered during grounding through their feet so we have to be watchful of that. Resourcing is a skill that we use for assessment, for readiness for this kind of work but also to strengthen the parasympathetic nervous system and ability to get there when the going gets rough and what resourcing is, some skills comes from Peter Levine's work, resourcing is a positive thing in the life -- our lives that can bring calm or make you feel grateful or bring a sense of joy or security. People are encouraged to think about external resources like places in nature, people, pets, experiences, things they like to eat. A small as the smell of your coffee in the morning. Because the focus is a bias, toward negativity, we need something that keeps people in the resource long enough that the parasympathetic sensation has a chance to build and that takes us to the first hill which is called resource intensification and in that skill what we're asking people to do is to pay attention to their resources in a multisensory way. Positive smells, positive sounds, positive images that are associated with it and so we ask these curiosity questions of ourselves or with other people in order to strengthen those parasympathetic sensations so that they take a place in the rhythm that can balance out the activation that comes from stress. Titration is in my opinion one of Peter Levine's greatest gifts to the world of trauma. It is a concept that comes from chemistry one where making our combo -- chemical compound and we do not know what the effect is a point chemical A into chemical B. We titrate by introducing small amount of A into chemical B. The concept of medical -- mental health can change everything. It changes how you do your intakes and changes how you correct -- collect information from someone that will testify and because one of the things I think that we historically have done in mental health is overload the nervous system with a lot of arousing questions and key people in it. What we are doing I believe is reinforcing this regulation of the nervous system which is the last thing we want to do. The good news is we can titrate dramatic activation or distress by shifting, which is the next skill, shifting away from it after it is noticed to a place in the body that feels less

distressed and is neutral or as positive. In the nonclinical version, people are encouraged to shift away when that activation happens, shift to a place in their body by using a resource or by getting grounded and staying there until the activation decreases. In clinical work, we go back and forth. So we pinch a late between small -- pendulum late between small income as of activation of activated with resource. In a very specific way. By doing that, it releases the blocked dramatic energy and in amounts that are manageable so the shift without working through the dramatic event is pretty amazing. It keeps people from being terrified of living in their bodies. It really does promote embodiment. The last skill is a completion of defensive response. One of the things that we know is that for many of us, many people who have distressing or dramatic experiences, there hasn't been an opportunity to fight or flight it successfully. The energy mobilized to do that has gotten short-circuited and lives in the body which is one of the reasons why we have the whole array, the cascade of physical, emotional, cognitive, spiritual behavioral symptoms. Because the energy has not been released. So using the completion of the response scale, we worked carefully in a titrated way to help people complete the defensive responses that have been blocked and that involves working with -- always working with tracking and titration but also working with gestures because the body tells the story along with our vocal description of the story. Often what the body is telling us is much more potent to healing than what the socialized self will tell us. And I work in a private practice for many years not knowing how to work with the body in this way and do I ever wish I could go back to many other people I worked with and say let's try this one what thing because it's linked. We've heard this from service provider field. It's a missing link. It's manageable skills, they repacked -- respect people's dignity and manage activation in a way that rewires the nervous system for hardiness. Why would we want to do that?

So it can be use as I said by clinicians and non-clinicians. They are great to incorporate with other clinical modalities that we always tell people you don't have to give up anything that you do but understand that the skills and the neuroscience behind them can complement anything you are doing clinically. I did a consultation with a group of people who worked with Child protective services using [indiscernible], but we learned together to use the sand tray process in a titrated way that access to resources. It was exquisite. A great experience for me to see how young children can heal in that way. The nonclinical, providers use it for self-care to help prevent premature aging that characterizes the erosion of our [indiscernible]. Families can use it with their family members including kids in foster care can use it with their own family members and they feel a sense of efficacy and mastery, they have something to offer. More -- work teams can be used with each other, peer-to-peer, we had a chaplain in Iraq that would phone and on a monthly basis to our study group in the US. He was using it with his active military who was coming inside the wire after a day of -- talk about threats, and come to him with for the skills. And caregivers can use it with self and others. We have an apt that is free called [indiscernible]. Downloaded for android or iPhone. It comes out of my former nonprofit. It's a wonderful tool for people that have a nervous system graphic as well as the skills and talks people through them and has an amped down now button so if you are in distress, they can help you have things to do right away. As a way of wrapping up, these last 2 slides, our goal is to develop of curiosity and civil wellness about the mind-body system that promotes the quality attention that allows you to shift between states of discomfort or dysregulation in states of comfort, restoring that gentle rhythm of the nervous system and brings you into a self-regulated state in Houston the movement between the 2 states, discharge undigested energy. If you practice the skills, it deepens the Resilient Zone. There's a research by Elizabeth Stanley who incorporates skills like ours with Marines that have shown between 8-16 weeks of practice they started to see this rewiring of the nervous system so it's not a lot of time to invest to begin to change your brain in a positive way. And always to restore hope, dignity, and the ability to manage activation.

For corrections officers, well-being I hope it is obvious but what we help people understand is paying attention at the sensory level, they can begin to bring a sense of balance to themselves and others they are working with. They end up having sensory resources they can use when the going

gets rough. The neuroeducation can [indiscernible] can create massive additional stress in the workplace. And finally, greater self regulation building a better positive relationship with people who are importance in a car accident Hash capacity for collaboration and capacity for visible behavior in the Titan sense of self-respect.

I think that brings us to the end. What we engage the wisdom of the mind-body system, it is gentle, it is gentle. That is so important that it is gentle. It is powerful and it is effective.

So there you go.

Great. Thank you. We have a couple questions. Let's start off with [indiscernible] uncomfortableness with something not frequently used in the field.

Was that the question?

Yes. That way you say it again because your voice was a little faint.

How do staff overcome uncomfortableness with something not frequently used in this field.

One of the things that we do is we encourage more than one person on the staff to learn the skills so that they can help each other and that is a big help. There is also a formula about are you grounded, are you resourced than you are good to go. Clearly what we need to do is equip people who are working with highly vulnerable populations and often under resources -- resourced way to equip them so that the Appraisal System approaches it as a challenge rather than a threat.

This is like a lot of things, it is something that an individual or small group of people can do for themselves and reinforce with each other and it would be far better if it were used as a frame of reference and a tool for institutional change. Or some sort of larger institutional focus on -- we would argue, supporting correctional officer health and well-being.

One thing I would add is I did not include the slide in the presentation because of the time limitation, but a couple of years ago, I had a fellowship from the Rockefeller foundation to expand this model into a systems model by looking at the nervous system of the systems we all work in. And being able to look at what is the system look like when it is a state of hyper arousal or hypo arousal. So we have a whole methodology about that that helps restore a system to the Resilient Zone, not just the individual in it.

Another thing I want to say is that you cannot get that much of a sense of what this actually looks like a feels like from just a description of I would save the kit -- 6 core skills, but it is not weird. It isn't strange and weird and it is like hitting -- sitting in a chair and noticing what is going on with your body and it is taking yourself or taking each other through a process of moving from whatever the upside is to your resource, which for many of us is our pet and the kind of Cognos and joy that comes from recollecting or connecting to something that gives us pleasure and associated with safety and that moving back and forth has this affected regulating which then shows up in our physiology, which we are training ourselves to notice. So it has some high polluting terminology and is certainly based in neuroscience but it does not look that weird and is not that alien to what we do moving through the day.

One of the things that I hear from both corrections officers as well as inmates is the skills you can do and nobody knows you are doing them. So if you get yourself into a thorny situation and you know it's about to come, you can ground yourself, you can bring a resource up and intensified inside yourself with your eyes open still in the presence of other people. And they don't have to know that you are doing that. People really appreciate that sense of control and populations like

police officer, seals -- COs, active military, veterans, they have a great appreciation for having something that helps them get in control when they are cortex is not at its best -- their cortex is not at his best basement we have a few more questions. How would someone learn to use the system. Yet when I took a related training, it was a three-year training that was extremely [indiscernible]. The populations I work with are not going to take 3 years 4 times a year with a kind of cost it had. A colleague and I developed the skill into a three-day training with support afterwards, study groups, or Skype support for people and at the end of the three-day training, you know how to use the scale. If you have never practice them or you don't give much thought to them, they are going to erode before very long. But our training is very practical and every single day people practice the skill in small groups with facilitators and it anchors the learning in ways that allows people to go back to their workplace or back into their lives and apply the skill.

Even 3 days is going to sound a little daunting in some settings and for some people. I think one of the things I found encouraging, Lori, was your description of being in some other, more limited settings where you were able to teach things in much smaller units of time that still were useful to people and skills that they could take away that they then later on reported seeing a different and -- difference in their ability to sleep or how they felt.

There are modules of the work and if I could design the training exactly in the way that would be more optimal, it would be to have 3 or 4 hour sessions over a course of 6-8 weeks. In New York, we can do that if we choose to, but in lots of training, people are coming from different places to take the training and it is not practical for them to fly in or do -- get there that many times. But in New York, we have a lot of interest in this work and thanks to John J, we are offering the trainings every few months. We had one at the end of March and another one is coming up in September so I am encouraged we could a restructuring if we need to.

We are interested in having the opportunity to work with correctional systems or a correctional facility and figure out a way of doing it that is consistent with how they staff and how they do staff training, but that honors the work. I think there are lots of different possibilities. The part of what I like about it is that it does not require to be useful the practice require a clinician or someone with technical skill. I like starting with Lori because she knows a lot and can make connections but in the systems where it has been well used, it is used by people learn to support each other as peers. So in another system you would like to be able to do some training of trainers and the goal would be to train a lot of people as peer supporters of supported of each other so if there was an ongoing ability to share it with others and reinforce it

I am glad you mentioned that big it is always our goal to give it away. It is not our goal to have a tight hold on it and be the only one who can teach it so that the idea of train the trainer where we equipped people to make it their own, that's what we have done in all of these international projects and is what we are doing in Rwanda, training corrections officers, training prisoners in these skills so they can facilitate the skills with each other and the same in Nepal. We have a site of skill cards we are going in with and we are going to teach families and communities how to use them and then we leave it behind so that they are not dependent -- so the people are not as dependent on systems they don't have control over.

Is another question. How do you teach bottom ash body posturing to establish a constructive dialogue when you stated that the body tells the story?

We do not teach the body posturing. What we do is we track the posture of the body as whatever is happening is happening. So often if I'm working -- let them working with someone clinically when they get to the part of their story where something awful happened, I know that when I am tracking, I'm going to be looking at their feet or legs or hands or mouth and neck because that is where the fight or flight response shows up here often they show up in the finest way and in my older life as a

clinician, I did watch as those things that's more things in if I had I would've known what to do with them. Now I do. Now I watched how the body is telling the story so that this is not a directive model in the sense it will take a deep breath or that this way or try this. It is watching what emerges from the wisdom of the body and working with it as it emerges in very specific ways. That is a good question because we tell people in this model you stay half a step behind because you recognize if you're working with someone whether appear or clinician that the body has a wisdom and if we get out of the way of it, it starts to show the wisdom >

We have another question about the app. What is in the app?

I Chill Was funded by Gary Trudeau of news Barry who came to one of our trainings and got excited about it and he put together a group of funders and Elaine and I developed the app. I chill Is available for-3 on Apple and android so just go into the App Store in search for I chill. It is also an energy drink but thankfully it is not something nasty. It looks like it is pretty healthy but that is not it. Look for I chill. What it is is it gives some neuroeducation so it shows the 2 nervous system graphics and it describes each of the self-care skills one through -- I think we left out titration in the app but one-5 using shift and stay. And you can go through the skills with a voice or reading it. There are places for you to rate your level of resilience. It is a great app.

Is being translated into Maple leaf -- Nepalese, so people can use it.

We have time for one more question. I will leave you with this. This is interesting stuff but how do I get by and for my supervisor. Are there any resources available that I can share with them? Met we are working on it. This is a work in progress. Where working on ways of taking the way that Lori has described the work in these other settings and framing it in a way that communicates effectively to corrections kinds of concerns. In the meantime, going to Lori's website which is listed on the last slide is the most direct Route to getting more summary information and links to some of the research and projects that is connected to and if you email both of us as we get our materials together, we will be happy to share them with you.

My goal is to put together a workbook for corrections officers that can be used by corrections officers as well as their families because I think my interest is in that systems level and how do we create supportive systems so that when people use the skills, they have others around them who are also using them -- the skills as well.

Great. Thank you for the presentation. Everybody else who forcefully did not get their questions answered, please post the question to the discussion forum to continue the conversation.

Thank you.

Thank you to the speakers and all who joined. Join the next session closing keynote address at 3 PM Eastern. This concludes this portion of the session. You may now disconnect your lines. Thank you. [Event Concluded]